

**Osher Lifelong Learning Institute at Clemson University
Instructor Evaluation**

Please take a few minutes to complete this brief evaluation form. Please share any ideas you may have for future classes, including contact information for instructors/facilitators who you think might be interested. Thank you for your time.

Course Name: _____ Instructor Name: _____

For each question, indicate the degree of your agreement or disagreement with the statement according to the following scale: 1=Strong Agree; 2=Agree; 3=Neutral; 4=Disagree; and 5=Strongly Disagree.

Strongly Agree					Strongly Disagree
1	2	3	4	5	

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Course materials and equipment were provided in a timely manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Provided equipment was sufficient for my course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My course proposal preferences were met. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. OLLI staff was helpful in meeting my needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The instructor handbook provided helpful information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. OLLI provides substantial benefits to instructors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. OLLI makes me feel valued as an instructor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I would recommend teaching for OLLI to others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My class assistant provided helpful assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

10. How could your OLLI teaching experience be improved? _____

11. How could the course location be improved? _____

12. Would you be willing to teach/facilitate another OLLI class? Yes No

Possible topic _____ Semester _____

13. We need your suggestions for curriculum for future semesters. Please help us with your ideas and suggestions.

Possible class topics _____

Potential instructor/facilitator _____
